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REQUEST

FOR

CONTINUED EXAMINATION (RCE) TRANSMITTAL

Address to: Mail Stop RCE **Commissioner for Patents** P.O. Box 1450 Alexandria, Virginia 22313-1450

Application Number	10/757226
Filing Date	January 14, 2004
First Named Inventor	Raymond J. Blasko et al.
Art Unit	2835
Examiner Name	Carpio, Ivan Hernan
Attorney Docket Number	DP-310692

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1.	Sul	omissi	on required under 37 CFR 1.114
	a.	X	Previously Submitted
		i.	Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on August 30, 2005 (Any unentered amendment(s) referred to above will be entered).
		ii.	Consider the arguments in the Appeal Brief or Reply Brief previously filed on
		iii	Other
	b.		Enclosed
		i.	Amendment/Reply iii. Information Disclosure Statement (IDS)
		ii.	Affidavit(s)/Declaration(s) iv. Other
2.	Mis	cellar	neous
	а.		Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a
	ь. Ь	\vdash	period of months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)
•	b.		Other
3.	ree	es The	RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed. The Director is hereby authorized to charge the following fees, or credit any overpayments, to
	a.	\boxtimes	Deposit Account No. 50-0831
		i.	RCE fee required under 37 CFR 1.17(e)
		ii.	Extension of time fee (37 CFR 1.136 and 1.17)
		iii.	Other
	b.		Check in the amount of \$ enclosed
	C.		Payment by credit card (Form PTO-2038 enclosed)
		_	WARNING: Information on this form may become public. Credit card information should not
			be included on this form. Provide credit card information and authorization on PTO-2038.
			SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED
Nam	e (Pr	int/Type)	DAVID P. WOOD Registration No. (Attorney/Agent) 45932
Sign	ature		Date 10/7/05
			CERTIFICATE OF MAILING OR TRANSMISSION
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		nt/Type)	Syzanne M. Britt
Sign	ature)	Manne MRoot Date 10-7-05
Burder	n Hour	Statem	erd: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on

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